

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments.

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend		
1							51	/
2							52	/
3							53	/
4							54	/
5							55	/
6							56	/
7							57	/
8							58	/
9							59	/
10							60	/
11							61	/
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36	/						86	/
37	/						87	/
38	/						88	/
39	/						89	/
40	/						90	/
41	/						91	/
42	/						92	/
43	/						93	/
44	/						94	/
45	/						95	/
46	/						96	/
47	/						97	/
48	/						98	/
49	/						99	/
50	/						100	/
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	

BEST AVAILABLE COPY

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CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	i					
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Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Depend						
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